

## REQUEST FOR DISTRICT ELIGIBILITY

Date of request \_\_\_\_\_

Name of person making the request: \_\_\_\_\_

District: \_\_\_\_\_

Requesting school's name, address, phone number, fax number

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Name of Child

Date of Birth

Child's ACP Authorization Number) \_\_\_\_\_  
(this number is located on the back of the child's ACP card)

**Please send this form to the ACP via fax, (303) 866-3946, or by mail**

**Colorado ACP  
1001 E 62<sup>nd</sup> Ave  
Denver, CO 80216**

The ACP will check the student's enrollment eligibility based on the actual address contained in our files. We will provide confirmation or denial of eligibility in writing. Please assume that the parent is enrolling their child in the correct school and enroll the child while this request is pending.